

1999**California Fiduciary Income Tax Return****541**

For calendar year 1999 or fiscal year beginning month _____ day _____ year 1999, and ending month _____ day _____ year _____

Type of entity:

- (1) ☐ Decedent's estate
 (2) ☐ Simple trust
 (3) ☐ Complex trust
 (4) ☐ Grantor type trust
 (5) ☐ Bankruptcy estate - Chapter 7
 (6) ☐ Bankruptcy estate - Chapter 11
 (7) ☐ Pooled income fund

Name of estate or trust

Federal employer identification no. (FEIN)

Name and title of fiduciary

Address of fiduciary (number and street including suite number, PO Box, or rural route)

PMB no.

City

State

ZIP Code

 Check applicable boxes: ☐ Initial return ☐ Final return ☐ REMIC
☐ Amended return. Attach explanation and schedules ☐ Change in fiduciary's name or address
Income

- 1 Interest income 1
 2 Dividends 2
 3 Business income or (loss). Attach federal Schedule C or C-EZ (Form 1040) 3
 4 Capital gain or (loss). Attach Schedule D (541) 4
 5 Rents, royalties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040) 5
 6 Farm income or (loss). Attach federal Schedule F (Form 1040) 6
 7 Ordinary gain or (loss). Attach Schedule D-1 7
 8 Other income. See instructions. State nature of income 8
 9 Total income. Combine line 1 through line 8 9

Deductions

- 10 Interest 10
 11 Taxes 11
 12 Fiduciary fees 12
 13 Charitable deduction. Enter the amount from Side 2, Schedule A, line 7 13
 14 Attorney, accountant, and return preparer fees 14
 15 a Other deductions not subject to 2% floor. Attach schedule 15a
 b Allowable misc. itemized deductions subject to 2% floor 15b
 c Total. Add line 15a and line 15b 15c
 16 Total. Add line 10 through line 14 and line 15c 16
 17 Adjusted total income (or loss). Subtract line 16 from line 9. Enter here and on Side 2, Schedule B, line 1 17
 18 Income distribution deduction from Side 2, Schedule B, line 15. Attach Schedule K-1 (541) 18
 20 Taxable income of fiduciary. Subtract line 18 from line 17 20

Tax and Payments

- 21 a Regular tax; b Other taxes; c QSF tax; d Total 21
 22 Exemption credit (\$10.00 for an estate, \$1.00 for a trust). See instructions 22
 23 Credits. Attach worksheet. If one credit, enter code 23
Note: If more than one credit, see instructions.
 24 Total. Add line 22 and line 23 24
 25 Subtract line 24 from line 21 25
 26 Alternative minimum tax. Attach Schedule P (541) 26
 27 Tax liability. Add line 25 and line 26 27
 28 California income tax withheld 28
 29 California income tax previously paid. See instructions 29
 30 1999 CA estimated tax, amount applied from 1998 return, and payment with form FTB 3563 30
 31 Total payments. Add line 28, line 29, and line 30 31
 32 Tax due. Subtract line 31 from line 27 32
 33 Overpaid tax. Subtract line 27 from line 31 33
 34 Amount of line 33 to be credited to 2000 estimated tax 34
 35 Amount of overpaid tax available this year. Subtract line 34 from line 33 35
 36 Total voluntary contributions from Side 2, Schedule C, line 13 36
 37 **Refund or No Amount Due.** Subtract line 36 from line 35 37
 38 **Amount Due.** Add line 32 and line 36 38
 39 Underpayment of estimated tax. Fill in circle: ☐ FTB 5805 attached ☐ FTB 5805F attached 39

Schedule A Charitable Deduction Do not complete for a simple trust or a pooled income fund. Attach statement listing the name and address of each charitable organization to which your contributions totaled \$3000 or more.

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1
2	Tax-exempt income allocable to charitable contributions. See instructions	2
3	Subtract line 2 from line 1	3
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4
5	Add line 3 and line 4	5
6	R&TC Section 18152.5 exclusion allocable to capital gains paid or permanently set aside for charitable purposes	6
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on Side 1, line 13	7

Schedule B Income Distribution Deduction

1	Adjusted total income. Enter amount from Side 1, line 17	1
2	Adjusted tax-exempt interest and nontaxable gain from installment sale of small business stock. See instructions	2
3	Net gain shown on Schedule D (541), line 9, column a. If net loss, enter -0-. See instructions	3
4	Enter amount from Schedule A, line 4 (reduced by any allocable R&TC Section 18152.5 exclusion)	4
5	Enter capital gain included on Schedule A, line 1	5
6	If the amount on Side 1, line 4 is a gain, enter the amount here as a negative number. If the amount on Side 1, line 4 is a loss, enter the loss as a positive number	6
7	Distributable net income. Combine line 1 through line 6	7
8	Income for the taxable year determined under the governing instrument (accounting income)	8
9	Income required to be distributed currently (IRC Section 651)	9
10	Other amounts paid, credited, or otherwise required to be distributed (IRC Section 661)	10
11	Total distributions. Add line 9 and line 10. If the result is greater than line 8, see federal Form 1041 instructions for line 12 to see if you must complete Schedule J (541)	11
12	Enter the total amount of tax-exempt income included on line 11	12
13	Tentative income distribution deduction. Subtract line 12 from line 11	13
14	Tentative income distribution deduction. Subtract line 2 from line 7	14
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on Side 1, line 18	15

Schedule C Voluntary Contributions. See instructions.

1	Alzheimer's Disease/Related Disorders Fund	● 48	00	7	California Public School Library Protection Fund	● 54	00
2	California Fund for Senior Citizens	● 49	00	8	D.A.R.E. California (Drug Abuse Resistance Education) Fund	● 55	00
3	Rare and Endangered Species Preservation Program	● 50	00	9	California Mexican American Veterans' Memorial	● 56	00
4	State Children's Trust Fund for the Prevention of Child Abuse	● 51	00	10	Emergency Food Assistance Program Fund	● 57	00
5	California Breast Cancer Research Fund	● 52	00	11	California Peace Officer Memorial Foundation Fund	● 58	00
6	California Firefighters' Memorial Fund	● 53	00	12	Birth Defects Research Fund	● 59	00
13	Total voluntary contributions. Add line 1 through line 12. Enter here and on Side 1, line 36			● 60	13		00

Other Information **Note:** Income of final year is taxable to beneficiaries

1	Date trust was created or, if an estate, date of decedent's death	5	Did the estate or trust receive tax-exempt income? If yes, attach computation of the allocation of expenses
2	a If an estate, was decedent a California resident? b Was decedent married at date of death? c If yes, enter surviving spouse's social security number and name	6	Is this return for a short taxable year?
3	If an estate, enter fair market value of: a Decedent's assets at date of death b Assets located in California c Assets located outside California	7	If a trust, enter number of: a California resident trustees b Nonresident trustees c Trustees (line a plus line b) d California resident beneficiaries e Nonresident beneficiaries f Beneficiaries (line d plus line e)
4	If this is the final return, enter date of court order authorizing final distribution of the estate	8	Is the trust required to complete federal Form 8271? If federal Form 8271 is required, please attach a copy to this form.
		9	Attach a copy of 1999 federal Form 1041, pages 1 and 2.

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		Date
	Signature of fiduciary or officer representing fiduciary		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address		Preparer's SSN or PTIN
			FEIN
			Telephone ()